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| FORM PTO-1390 (REV. 01-2003) US DEPARTMENT OF COMMERCE PATENT & TRADEMARK OFFICE  |  | ATTORNEY'S DOCKET NUMBER<br>123989   |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>   |  | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br>New U.S. National Stage of PCT/JP03/016056<br><div style="font-size: 2em; font-weight: bold; text-align: center;">107539079</div> |
| INTERNATIONAL APPLICATION NO.<br>PCT/JP03/016056  | INTERNATIONAL FILING DATE<br>December 15, 2003 | PRIORITY DATE CLAIMED<br>December 16, 2002   |
| TITLE OF INVENTION<br>LED ILLUMINATION SYSTEM   |  |  |
| APPLICANTS FOR DO/EO/US<br>Junichi SHIMADA; Yoichi KAWAKAMI   |  |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:   |  |  |
| <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.</li> <li>4. <input type="checkbox"/> The US has been elected (Article 31).</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))           <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input checked="" type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2))           <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> <li>c. <input type="checkbox"/> The International Application was filed in English.</li> </ol> </li> <li>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))           <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li>9. <input checked="" type="checkbox"/> An oath or declaration of the inventors (35 U.S.C. 371(c)(4)).</li> <li>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> |  |  |
| <b>Items 11 to 20 below concern document(s) or information included:</b>  |  |  |
| <ol style="list-style-type: none"> <li>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>13. <input checked="" type="checkbox"/> A preliminary amendment.</li> <li>14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</li> <li>15. <input type="checkbox"/> A substitute specification.</li> <li>16. <input checked="" type="checkbox"/> A power of attorney and/or change of address letter.</li> <li>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13<del>ter</del>.2 and 37 CFR 1.821 - 1.825.</li> <li>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</li> <li>20. <input checked="" type="checkbox"/> Other items or information: Designation of Ten Attorneys</li> </ol>   |  |  |

| U.S. APPLICATION NO. (if known, see 37 C.F.R. 1.5)<br>New U.S. National Stage of<br>PCT/JP03/016056  |              | INTERNATIONAL APPLICATION NO.<br>PCT/JP03/016056 |   | ATTORNEY'S DOCKET NUMBER<br>123989            |        |      |         |     |  |  |  |        |              |              |      |    |  |              |        |     |           |     |  |                    |      |     |            |     |  |  |  |  |  |            |    |                                      |  |  |  |                 |  |  |  |  |  |    |  |                   |  |  |  |                 |  |   |  |  |  |    |  |                             |  |  |  |                 |  |  |  |  |  |    |  |                              |  |  |  |                 |  |  |  |  |  |                        |    |  |  |  |  |          |    |
|--|--------------|--|---|---|--------|------|---------|-----|--|--|--|--------|--------------|--------------|------|----|--|--------------|--------|-----|-----------|-----|--|--------------------|------|-----|------------|-----|--|--|--|--|--|------------|----|--------------------------------------|--|--|--|-----------------|--|--|--|--|--|----|--|-------------------|--|--|--|-----------------|--|---|--|--|--|----|--|-----------------------------|--|--|--|-----------------|--|--|--|--|--|----|--|------------------------------|--|--|--|-----------------|--|--|--|--|--|------------------------|----|--|--|--|--|----------|----|
| 21. <input checked="" type="checkbox"/> The following fees are submitted:  |              |  |   | <b>CALCULATIONS      PTO USE ONLY</b>         |        |      |         |     |  |  |  |        |              |              |      |    |  |              |        |     |           |     |  |                    |      |     |            |     |  |  |  |  |  |            |    |                                      |  |  |  |                 |  |  |  |  |  |    |  |                   |  |  |  |                 |  |   |  |  |  |    |  |                             |  |  |  |                 |  |  |  |  |  |    |  |                              |  |  |  |                 |  |  |  |  |  |                        |    |  |  |  |  |          |    |
| <b>BASIC NATIONAL FEE (37 CFR 1.492(a)):</b> ..... \$ 300.00<br><b>SEARCH FEE (37 CFR 1.492(b)(1)-(3)):</b><br>International search fee (37 CFR 1.445(a)(2)) paid to USPTO as ISA ..... \$ 100.00<br>International search report provided to USPTO no later than the time at which<br>the search fee is paid ..... \$ 400.00<br>All situations not provided for above ..... \$ 500.00<br><b>EXAMINATION FEE (37 CFR 1.492(c)(1)-(2)):</b><br>International preliminary examination report prepared by the USPTO as<br>IPEA and favorable as to novelty, inventive step, and industrial applicability<br>for all claims presented in the application entering the national stage ..... \$ 100.00<br>All situations not provided for above ..... \$ 200.00<br>Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the<br>earliest claimed priority date (37 CFR 1.492(e)). \$<br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TOTAL PAGES OF APPLICATION OVER 100 (0 - 100)</td> <td style="width: 15%; text-align: center;">0 ÷ 50</td> <td style="width: 15%; text-align: center;">= 10</td> <td style="width: 15%; text-align: center;">x 250 =</td> <td style="width: 15%; text-align: center;">\$0</td> <td style="width: 20%;"></td> </tr> </table> †round up to next integer |              |  |   | TOTAL PAGES OF APPLICATION OVER 100 (0 - 100) | 0 ÷ 50 | = 10 | x 250 = | \$0 |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">CLAIMS</th> <th style="width: 20%;">NUMBER FILED</th> <th style="width: 20%;">NUMBER EXTRA</th> <th style="width: 20%;">RATE</th> <th style="width: 20%;">\$</th> <th style="width: 20%;"></th> </tr> <tr> <td>TOTAL CLAIMS</td> <td style="text-align: center;">18- 20</td> <td style="text-align: center;">= 0</td> <td style="text-align: center;">x 50.00 =</td> <td style="text-align: center;">\$0</td> <td></td> </tr> <tr> <td>INDEPENDENT CLAIMS</td> <td style="text-align: center;">2- 3</td> <td style="text-align: center;">= 0</td> <td style="text-align: center;">x 200.00 =</td> <td style="text-align: center;">\$0</td> <td></td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIM(S)(if applicable)</td> <td style="text-align: center;">+ 360.00 =</td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td style="text-align: center;"><b>\$900.00</b></td> <td></td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.         </td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL =</b></td> <td style="text-align: center;"><b>\$900.00</b></td> <td></td> </tr> <tr> <td colspan="4">Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL NATIONAL FEE =</b></td> <td style="text-align: center;"><b>\$900.00</b></td> <td></td> </tr> <tr> <td colspan="4">Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL FEES ENCLOSED =</b></td> <td style="text-align: center;"><b>\$900.00</b></td> <td></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;">Amount to be refunded:</td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;">charged:</td> <td style="text-align: center;">\$</td> </tr> </table> |  | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | \$ |  | TOTAL CLAIMS | 18- 20 | = 0 | x 50.00 = | \$0 |  | INDEPENDENT CLAIMS | 2- 3 | = 0 | x 200.00 = | \$0 |  | MULTIPLE DEPENDENT CLAIM(S)(if applicable) |  |  |  | + 360.00 = | \$ | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | <b>\$900.00</b> |  | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½. |  |  |  | \$ |  | <b>SUBTOTAL =</b> |  |  |  | <b>\$900.00</b> |  | Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)). |  |  |  | \$ |  | <b>TOTAL NATIONAL FEE =</b> |  |  |  | <b>\$900.00</b> |  | Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property + |  |  |  | \$ |  | <b>TOTAL FEES ENCLOSED =</b> |  |  |  | <b>\$900.00</b> |  |  |  |  |  | Amount to be refunded: | \$ |  |  |  |  | charged: | \$ |
| TOTAL PAGES OF APPLICATION OVER 100 (0 - 100)  | 0 ÷ 50       | = 10   | x 250 =   | \$0   |        |      |         |     |  |  |  |        |              |              |      |    |  |              |        |     |           |     |  |                    |      |     |            |     |  |  |  |  |  |            |    |                                      |  |  |  |                 |  |  |  |  |  |    |  |                   |  |  |  |                 |  |   |  |  |  |    |  |                             |  |  |  |                 |  |  |  |  |  |    |  |                              |  |  |  |                 |  |  |  |  |  |                        |    |  |  |  |  |          |    |
| CLAIMS   | NUMBER FILED | NUMBER EXTRA                                     | RATE  | \$  |        |      |         |     |  |  |  |        |              |              |      |    |  |              |        |     |           |     |  |                    |      |     |            |     |  |  |  |  |  |            |    |                                      |  |  |  |                 |  |  |  |  |  |    |  |                   |  |  |  |                 |  |   |  |  |  |    |  |                             |  |  |  |                 |  |  |  |  |  |    |  |                              |  |  |  |                 |  |  |  |  |  |                        |    |  |  |  |  |          |    |
| TOTAL CLAIMS   | 18- 20       | = 0  | x 50.00 =   | \$0   |        |      |         |     |  |  |  |        |              |              |      |    |  |              |        |     |           |     |  |                    |      |     |            |     |  |  |  |  |  |            |    |                                      |  |  |  |                 |  |  |  |  |  |    |  |                   |  |  |  |                 |  |   |  |  |  |    |  |                             |  |  |  |                 |  |  |  |  |  |    |  |                              |  |  |  |                 |  |  |  |  |  |                        |    |  |  |  |  |          |    |
| INDEPENDENT CLAIMS   | 2- 3         | = 0  | x 200.00 =  | \$0   |        |      |         |     |  |  |  |        |              |              |      |    |  |              |        |     |           |     |  |                    |      |     |            |     |  |  |  |  |  |            |    |                                      |  |  |  |                 |  |  |  |  |  |    |  |                   |  |  |  |                 |  |   |  |  |  |    |  |                             |  |  |  |                 |  |  |  |  |  |    |  |                              |  |  |  |                 |  |  |  |  |  |                        |    |  |  |  |  |          |    |
| MULTIPLE DEPENDENT CLAIM(S)(if applicable)   |              |  |   | + 360.00 =                                    | \$     |      |         |     |  |  |  |        |              |              |      |    |  |              |        |     |           |     |  |                    |      |     |            |     |  |  |  |  |  |            |    |                                      |  |  |  |                 |  |  |  |  |  |    |  |                   |  |  |  |                 |  |   |  |  |  |    |  |                             |  |  |  |                 |  |  |  |  |  |    |  |                              |  |  |  |                 |  |  |  |  |  |                        |    |  |  |  |  |          |    |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |              |  |   | <b>\$900.00</b>                               |        |      |         |     |  |  |  |        |              |              |      |    |  |              |        |     |           |     |  |                    |      |     |            |     |  |  |  |  |  |            |    |                                      |  |  |  |                 |  |  |  |  |  |    |  |                   |  |  |  |                 |  |   |  |  |  |    |  |                             |  |  |  |                 |  |  |  |  |  |    |  |                              |  |  |  |                 |  |  |  |  |  |                        |    |  |  |  |  |          |    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.   |              |  |   | \$  |        |      |         |     |  |  |  |        |              |              |      |    |  |              |        |     |           |     |  |                    |      |     |            |     |  |  |  |  |  |            |    |                                      |  |  |  |                 |  |  |  |  |  |    |  |                   |  |  |  |                 |  |   |  |  |  |    |  |                             |  |  |  |                 |  |  |  |  |  |    |  |                              |  |  |  |                 |  |  |  |  |  |                        |    |  |  |  |  |          |    |
| <b>SUBTOTAL =</b>  |              |  |   | <b>\$900.00</b>                               |        |      |         |     |  |  |  |        |              |              |      |    |  |              |        |     |           |     |  |                    |      |     |            |     |  |  |  |  |  |            |    |                                      |  |  |  |                 |  |  |  |  |  |    |  |                   |  |  |  |                 |  |   |  |  |  |    |  |                             |  |  |  |                 |  |  |  |  |  |    |  |                              |  |  |  |                 |  |  |  |  |  |                        |    |  |  |  |  |          |    |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).  |              |  |   | \$  |        |      |         |     |  |  |  |        |              |              |      |    |  |              |        |     |           |     |  |                    |      |     |            |     |  |  |  |  |  |            |    |                                      |  |  |  |                 |  |  |  |  |  |    |  |                   |  |  |  |                 |  |   |  |  |  |    |  |                             |  |  |  |                 |  |  |  |  |  |    |  |                              |  |  |  |                 |  |  |  |  |  |                        |    |  |  |  |  |          |    |
| <b>TOTAL NATIONAL FEE =</b>  |              |  |   | <b>\$900.00</b>                               |        |      |         |     |  |  |  |        |              |              |      |    |  |              |        |     |           |     |  |                    |      |     |            |     |  |  |  |  |  |            |    |                                      |  |  |  |                 |  |  |  |  |  |    |  |                   |  |  |  |                 |  |   |  |  |  |    |  |                             |  |  |  |                 |  |  |  |  |  |    |  |                              |  |  |  |                 |  |  |  |  |  |                        |    |  |  |  |  |          |    |
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| <b>TOTAL FEES ENCLOSED =</b>   |              |  |   | <b>\$900.00</b>                               |        |      |         |     |  |  |  |        |              |              |      |    |  |              |        |     |           |     |  |                    |      |     |            |     |  |  |  |  |  |            |    |                                      |  |  |  |                 |  |  |  |  |  |    |  |                   |  |  |  |                 |  |   |  |  |  |    |  |                             |  |  |  |                 |  |  |  |  |  |    |  |                              |  |  |  |                 |  |  |  |  |  |                        |    |  |  |  |  |          |    |
|  |              |  |   | Amount to be refunded:                        | \$     |      |         |     |  |  |  |        |              |              |      |    |  |              |        |     |           |     |  |                    |      |     |            |     |  |  |  |  |  |            |    |                                      |  |  |  |                 |  |  |  |  |  |    |  |                   |  |  |  |                 |  |   |  |  |  |    |  |                             |  |  |  |                 |  |  |  |  |  |    |  |                              |  |  |  |                 |  |  |  |  |  |                        |    |  |  |  |  |          |    |
|  |              |  |   | charged:                                      | \$     |      |         |     |  |  |  |        |              |              |      |    |  |              |        |     |           |     |  |                    |      |     |            |     |  |  |  |  |  |            |    |                                      |  |  |  |                 |  |  |  |  |  |    |  |                   |  |  |  |                 |  |   |  |  |  |    |  |                             |  |  |  |                 |  |  |  |  |  |    |  |                              |  |  |  |                 |  |  |  |  |  |                        |    |  |  |  |  |          |    |
| a. <input checked="" type="checkbox"/> Check No. 167765 in the amount of \$900.00 to cover the above fees is enclosed.<br>b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$_____ to cover the above fees. A duplicate copy of this sheet is enclosed.<br>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 15-0461. A duplicate copy of this sheet is enclosed.<br>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.   |              |  |   |   |        |      |         |     |  |  |  |        |              |              |      |    |  |              |        |     |           |     |  |                    |      |     |            |     |  |  |  |  |  |            |    |                                      |  |  |  |                 |  |  |  |  |  |    |  |                   |  |  |  |                 |  |   |  |  |  |    |  |                             |  |  |  |                 |  |  |  |  |  |    |  |                              |  |  |  |                 |  |  |  |  |  |                        |    |  |  |  |  |          |    |
| <b>NOTE:</b> Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.  |              |  |   |   |        |      |         |     |  |  |  |        |              |              |      |    |  |              |        |     |           |     |  |                    |      |     |            |     |  |  |  |  |  |            |    |                                      |  |  |  |                 |  |  |  |  |  |    |  |                   |  |  |  |                 |  |   |  |  |  |    |  |                             |  |  |  |                 |  |  |  |  |  |    |  |                              |  |  |  |                 |  |  |  |  |  |                        |    |  |  |  |  |          |    |
| SEND ALL CORRESPONDENCE TO:<br>OLIFF & BERRIDGE, PLC<br>Customer Number: 25944   |              |  |   |   |        |      |         |     |  |  |  |        |              |              |      |    |  |              |        |     |           |     |  |                    |      |     |            |     |  |  |  |  |  |            |    |                                      |  |  |  |                 |  |  |  |  |  |    |  |                   |  |  |  |                 |  |   |  |  |  |    |  |                             |  |  |  |                 |  |  |  |  |  |    |  |                              |  |  |  |                 |  |  |  |  |  |                        |    |  |  |  |  |          |    |
| Date <u>June 15, 2005</u>  |              |  | NAME: James A. Oliff<br>REGISTRATION NUMBER: 27,075<br><br>NAME: Eric D. Morehouse<br>REGISTRATION NUMBER: 38,565 |   |        |      |         |     |  |  |  |        |              |              |      |    |  |              |        |     |           |     |  |                    |      |     |            |     |  |  |  |  |  |            |    |                                      |  |  |  |                 |  |  |  |  |  |    |  |                   |  |  |  |                 |  |   |  |  |  |    |  |                             |  |  |  |                 |  |  |  |  |  |    |  |                              |  |  |  |                 |  |  |  |  |  |                        |    |  |  |  |  |          |    |